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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *PS*

This application is a CON of 09/396,335 09/15/1999 PAT 6,281,207

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 09/17/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	NC	0	30	3
Allowance Examiner's Signature <i>PS</i> Initials				

## ADDRESS

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## TITLE

Treatment of movement disorders by administration of 5-hydroxytryptamine receptor/alpha2 adrenergic receptor antagonist compositions

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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